

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$214.00 for date of service 07/10/01.
- b. The request was received on 06/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. UB-92
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response found in the case file.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There was no response to the Request for Dispute Resolution found in the file. The No Response Found is reflected as Exhibit II.

III. PARTIES' POSITIONS

1. Requestor:

The Provider states on their Table of Disputed Services, "According to Rule 134.401(a) Applicability (4) of the Texas Workforce Commission, there are no fee schedules for outpatient treatment at a hospital facility. The payor has applied Medical Fee Guideline rates FOR PHYSICIANS. We believe our charges are fair and reasonable and no discount should apply."
2. Respondent: No position statement found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/10/01.
2. The explanation of denial listed on the EOB is, “M-THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011 (B).”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/10/01	73590	\$153.00	\$29.00	M	No MAR	TWCC Rule 133.304 (c); Acute Care Inpatient Hospital Fee Guidelines Rule 134.401 (a) (3) and (c) (4); Rule 133.307 (g) (3) (D); CPT Descriptor	<p>CPT Code 73590 – X-ray of the lower leg 2 views (Revenue Code 320)– was rendered in a hospital radiology department, not a physician’s office. Therefore, these Codes are subject to the Acute Care Inpatient Hospital Fee Guidelines (ACIHFG), Rule 133.304, which states radiological services “..shall be reimbursed at a fair and reasonable rate until the issuance of a fee guideline addressing these specific services.”</p> <p>Rule 133.307 (g) (3) (D) places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. The provider has not submitted any documentation to support this; therefore, no reimbursement is recommended.</p>
07/10/01	73610	\$131.00	\$41.00	M	No MAR	TWCC Rule 133.304 (c); Acute Care Inpatient Hospital Fee Guidelines Rule 134.401 (a) (3) and (c) (4); Rule 133.307 (g) (3) (D); CPT Descriptor	<p>CPT Code 73610 – X-ray of the ankle 3 views (Revenue Code 320)– was rendered in a hospital radiology department, not a physician’s office. Therefore, these Codes are subject to the Acute Care Inpatient Hospital Fee Guidelines (ACIHFG), Rule 133.304, which states radiological services “..shall be reimbursed at a fair and reasonable rate until the issuance of a fee guideline addressing these specific services.”</p> <p>Rule 133.307 (g) (3) (D) places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. The provider has not submitted any documentation to support this; therefore, no reimbursement is recommended.</p>
Totals		\$284.00	\$70.00				The Requestor is not entitled to additional reimbursement.

MDR: M4-02-3993-01

The above Findings and Decision are hereby issued this 6th day of March, 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb